

## SLD Appeal re: USD 505 Chetopa-St. Paul

**BEN 137935- FY2014**

January 18, 2016

Letter of Appeal - Case # *(filed electronically)*

Letter of Appeal, Schools and Libraries Division, 30 Lanidex Plaza West, PO Box 685,  
Parsippany, NJ 07054-0685

### **Contact Information:**

Contact Person Name:	Terri Ross
Contact Person Address:	430 Elm Street, Chetopa, KS 67336
Contact Person Phone:	620-236-7244
Contact Person Cell:	620-423-2562
Contact Person Fax :	620-236-4271
Contact Person E-Mail:	tross@usd505.org

### **Other Required Information:**

Funding Year:	2014
Applicant Name:	USD 505 Chetopa-St. Paul
Billed Entity # :	137935
Form 471 Application#:	974445
Invoice #:	2261482

471 Application Number	FRN	SPIN	Service Provider Name	Funding Year
974445	2653431	143002304	Craw-Kan Telephone Cooperative	2014

### **SLD action being appealed:**

We are appealing the fact that: Applicant is denied the request for an Invoice Deadline Extension Request. The denied request was received per e-mail on January 18, 2016.

Language from the letter:

This serves as acknowledgement and dismissal of your request for a deadline extension for the following FRNs:

2653431

Current deadline extension rules and procedures do not allow approval for the reason submitted.

## **SLD Appeal re: USD 505 Chetopa-St. Paul**

**BEN 137935- FY2014**

### **Basis for this appeal:**

We understand that we filed the Invoice Deadline Extension Request after the FY 2014 BEAR deadline of October 28, 2015. There are extenuating circumstances as to why this happened.

First of all, the Invoice Deadline Extension Request was not filed until December 7, 2015 when the district reached out to BTU Consultants for their advice on how to proceed after we received a denial letter, which was dated November 30, 2015, that our BEAR payments were not paid because the vendor did not certify the charges before the deadline of October 28, 2015. It was at this time that the consultant advised us that we had missed the invoicing deadline for FY 2014 but encouraged us to file an Invoice Deadline Extension Request to get on record, which we did.

Here is a recounting of the staffing problems that the district has recently experienced that led to this dire issue.

We are a small district. I do many jobs with e-rate being just one of those jobs. We had a secretary quit at the time that the invoices were due. I had to cover a portion of her duties as well as my already full schedule and had multiple projects running as well as starting the school year, of which I had to take control. I submitted the BEAR form on October 9, 2015 but I didn't think to check and make sure the vendor had certified before the deadline. The vendor has certified it but they did it in November, 2015.

### **Summary and Requested Action:**

The district understands that the deadlines for the Invoice Deadline Extension Request is a new rule but asks for some leniency due to the above staffing issues and the vendor's failure to certify the BEAR form. In a small district like ours, these erate dollars represent a significant help for the district to be able to provide better internet access.

Thank you

Sincerely,



Terri Ross

clerk

USD 505 Chetopa-St. Paul

Included with this appeal:

Att 1 – Signed LOA

Att 2 – Invoice Deadline Extension Request, IDER



Terri Ross &lt;tross@usd505.org&gt;

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**Administrator's Decision on Invoice Deadline Extension Request**

1 message

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**deadline@sl.universalservice.org** <deadline@sl.universalservice.org>  
To: tross@usd505.org

Mon, Jan 18, 2016 at 12:25 PM

This serves as acknowledgement and dismissal of your request for a deadline extension for the following FRNs:

2653431

Current deadline extension rules and procedures do not allow approval for the reason submitted.

**TO APPEAL THIS DECISION:**

If you wish to appeal the decision indicated in this letter, your appeal must be POSTMARKED within 60 days of the above date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

1. Include the name, address, telephone number, fax number, and e-mail address (if available) for the person who can most discuss this appeal with us.
2. State outright that your letter is an appeal. Identify which Administrative Decision you are appealing. Indicate the relevant funding year and the date of this letter. Your letter of appeal must also include the Billed Entity Name, the Form 471 Application Number, and the SLD Invoice Number from the top of your letter.
3. When explaining your appeal, copy the language or text from this letter that is at the heart of your appeal to allow the SLD to more readily understand your appeal and respond appropriately. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep copies of your correspondence and documentation.
4. Provide an authorized signature on your letter of appeal.

If you are submitting your appeal on paper, please send your appeal to: Letter of Appeal, Schools and Libraries Division, 30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685. Additional options for filing an appeal can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site or by contacting the Client Service Bureau. We encourage the use of either the e-mail or fax filing options.

Schools and Libraries Division  
Universal Service Administrative Company

This e-mail has been generated programmatically. Please do not respond to this e-mail.

## Invoice Deadline Extension Request

December 7, 2015

To: Invoice Deadline Extension Request (filed online)  
Schools and Libraries Division  
Whippany, NJ 07981

RE: Invoice Deadline Extension Request

This is a request for an extension of time to file invoices as shown below:

Applicant Name:	USD 505 Chetopa-St. Paul
Applicant BEN:	137935
Contact Person Name:	Terri Ross
Contact Person Phone:	620-236-7244
Contact Person Fax:	620-236-4271
Contact Person E-Mail:	tross@usd505.org
Form 471 Application Number:	See Table Below
FRN #:	See Table Below
Service Provider Name:	See Table Below
SPIN #:	See Table Below
USAC Invoice#:	To be determined
Amount of Invoice:	Unknown

471 Application Number	FRN	SPIN	Service Provider Name	Funding Year
974445	2653431	143002304	Craw-Kan Telephone Cooperative	2014

Reason for Invoice Deadline Extension request: The provider didn't certify before the deadline. I didn't realize this until the district didn't get the erate money so I checked into why. Please permit an extension so that we can get this accomplished.

Thank you for your consideration and please notify us when you have processed our request, or contact me if you need additional information.

Sincerely,  
*(filed electronically via SLD website)*  
Terri Ross  
USD 505 Chetopa-St. Paul



Schools and Libraries Division

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Form 472 (BEAR) Notification Letter

November 30, 2015

Craig Wilbert  
Craw-Kan Telephone Cooperative, Inc.  
200 N. Ozark St.  
Girard, KS 66743

Re: Invoice Number - as assigned by USAC: 2261482  
Service Provider Identification Number: 143002304  
Reimbursement Form Number: internet  
Billed Entity Number: 137935

Terri Ross  
USD 505 CHETOPA-ST. PAUL  
430 ELM ST  
CHETOPA, KS 67336

Preferred Mode of Contact: E-mail at [tross@usd505.org](mailto:tross@usd505.org)  
Total Amount of Reimbursement Approved for Payment: \$0.00

This letter is your notification that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has processed an FCC Form 472, "Billed Entity Applicant Reimbursement (BEAR)" Form from the above named applicant listing you as the service provider. USAC has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more FCC Forms 471, "Description of Services Ordered and Certification Form".

In certain instances, a line may not have been paid. Review the BEAR Letter Applicant Reimbursement Report (Report) following this letter for the reason(s) this may have occurred. For more information about lines that have not been paid, see the explanation of Invoice Error Codes in Step 9 on our website. Work with the applicant (your customer) to correct any errors. Once corrected, your customer may submit a new BEAR to request reimbursement for any unpaid lines.

We recommend using the BEAR Online tool from the Apply Online area or Required Forms section of our website for additional submissions. If a new BEAR cannot be submitted before the invoice deadline passes, you or your customer may submit a request for a deadline extension. (See "Invoice Deadlines and Extension Requests" posted in the SLD section of our website for more information.)

Pursuant to the Federal Communication Commission's (FCC) Second Report and Order and Further Notice of Proposed Rulemaking (FCC 03-101, released April 29, 2003), you must remit the amount shown as "Total Amount of Reimbursement Approved for Payment" above to your customer no later than 20 days after receipt of payment of the approved discounts from USAC. You also agreed not to tender or make use of the payment of the approved discounts issued by USAC to you prior to remitting the discount to your customer (See BEAR Form, Block 4, Service Provider Acknowledgment).

The USAC check should be mailed to the service provider named above within 20 days of the date of this letter.

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Schools and Libraries Division - Correspondence Unit  
30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685  
Visit us online at: [www.usac.org/sl](http://www.usac.org/sl)

The maximum remaining amount available for each Funding Request Number (FRN) listed on the Report will be the original commitment less the amount approved herein for reimbursement and less any earlier disbursements to your customer.

PLEASE NOTE: The type of invoice form (BEAR or SPI) for the funding year is established by the receipt and approval of the first invoice submitted for the FRN for the funding year. For example, if we successfully process a BEAR for an FRN, we will not approve a SPI for that same FRN at a later time.

Please see the Guide to Letter Reports posted on our website for an explanation of the items listed in the attached Report.

COMPLETE PROGRAM INFORMATION is posted on our website. You may also contact our Client Service Bureau using the "Submit a Question" link on our website, toll-free by fax at 1-888-276-8736 or toll-free by phone at 1-888-203-8100.

Schools and Libraries Division  
Universal Service Administrative Company

CC: USD 505 CHETOPA-ST. PAUL

BEAR NOTIFICATION LETTER APPLICANT REIMBURSEMENT REPORT



Form 471 Application Number: 974445  
Funding Request Number: 2653431  
Funding Year 2014: 07/01/2014 - 06/30/2015  
Contract Number: n/a  
Funding Commitment Decision: \$47232.00  
Reimbursement Amount for this FRN: \$0.00  
Reimbursement Request Decision Explanation:  
Invoice Received Date [11/20/2015] Later Than;

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Funding Year 2014: 07/01/2014 - 06/30/2015  
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## Universal Service for Schools and Libraries

Please read instructions before  
completing.

(To be completed by schools, libraries, or  
consortia.)

### BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

#### FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting burden for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERF, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to [PRA@fcc.gov](mailto:PRA@fcc.gov). PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Applicant Form Identifier (Create an identifier for your  
own reference)  
[internet](http://internet)

FCC Form 472 Invoice #  
(To be inserted by administrator) **2261482**

#### BLOCK 1: HEADER INFORMATION

1. Billed Entity Name	<b>USD 505 CHETOPA-ST. PAUL</b>
2. Billed Entity Number	<b>137935</b>
3. Service Provider Identification Number (SPIN)	<b>143002304</b>
4. Contact Name	<b>TERRI ROSS</b>
5. Contact Telephone Number	<b>620- 2367244 ext</b>
6. Total Reimbursement Amount (total from Block 2, Column 14)	<b>\$47,232.00</b>



### Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name USD 505 CHETOPA-ST. PAUL Billed Entity Number 137935  
Contact Name TERRI ROSS Contact Telephone Number 620-2367244  
Applicant Form Identifier internet

#### BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Column 13)
		DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	974445	2653431	6/1/2015		\$4,800.00	82.00	\$3,936.00
2	974445	2653431	1/1/2015		\$4,800.00	82.00	\$3,936.00
3	974445	2653431	9/1/2014		\$4,800.00	82.00	\$3,936.00
4	974445	2653431	2/1/2015		\$4,800.00	82.00	\$3,936.00
5	974445	2653431	8/1/2014		\$4,800.00	82.00	\$3,936.00
6	974445	2653431	11/1/2014		\$4,800.00	82.00	\$3,936.00
7	974445	2653431	4/1/2015		\$4,800.00	82.00	\$3,936.00
8	974445	2653431	5/1/2015		\$4,800.00	82.00	\$3,936.00
9	974445	2653431	10/1/2014		\$4,800.00	82.00	\$3,936.00
10	974445	2653431	12/1/2014		\$4,800.00	82.00	\$3,936.00
11	974445	2653431	7/1/2014		\$4,800.00	82.00	\$3,936.00
12	974445	2653431	3/1/2015		\$4,800.00	82.00	\$3,936.00
13							
14							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)							\$47,232.00

# BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name USD 505 CHETOPA-ST. PAUL

Billed Entity Number 137935

Contact Name TERRI ROSS

Applicant Form Identifier internet

## Block 3: Billed Entity Certification

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person Signed electronically by TERRI ROSS

16. Date 10/9/2015

17. Printed name of authorized person TERRI ROSS

18. Title or position of authorized person BUSINESS MANAGER

19. Telephone number of authorized person 620- 2367244

20. Address of authorized person 430 ELM STREET, CHETOPA KS 67336-8852



# BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name USD 505 CHETOPA-ST. PAUL

Billed Entity Number 137935

Contact Name TERRI ROSS

Applicant Form Identifier internet

## Block 4: Service Provider Acknowledgment

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
- C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

21. Signature of authorized person (fax, copy or original signature)	22. Date
23. Printed name of authorized person	
24. Title or position of authorized person	
25. Telephone number of authorized person -	
26. Address of authorized person	

### 17. Applicant Remittance Information

Name **Terri Ross**

Title **clerk**

Street Address

**130 Elm Street**

**Chetopa, KS 67336**

A paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR FCC Form 472  
P.O. Box 7026  
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms  
ATTN: SLD BEAR FCC Form 472  
3833 Greenway Drive  
Lawrence, KS 66046  
Phone: 1-888-203-8100

Page 5 of 5

FCC Form 472

July 201